

ANNEXURE - II
(To be submitted to the Inspection Committee)

ANNA UNIVERSITY
CHENNAI – 600 025



INDIVIDUAL FACULTY DATA SHEET

[Details to be typed including Principal of the college]

Name of the College : KSR COLLEGE OF ENGINEERING
Name of the Department : TAMIL
Name of the faculty member : Dr. M. SATHYARAJ
Present Designation : ASSISTANT PROFESSOR
Residential Address : Palliyamoolai, Nathappallam PO, Thirukkuvalai TK,
Nagappattinam Dt, 614 711
Contact Nos. : Landline: Mobile: 9787251510
Email : masathyaraj@gmail.com
Gender : Male
Community : SC
PAN Number : DNAPS1683D
Passport Number :
Date of Birth and Age : 20.06.1989 & 34
Date of joining the present post : 14.06.2023
Scale of pay : 15600-39100+AGP8000
Present basic pay : 15600/-
Total salary : 29100/-

I. Particulars of Educational Qualification: (only completed)

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained	Class obtained
UG	B.A.	TAMIL	2006	Thiru.Vi.Ka Arts College, Thiruvarur	Bharathidhasan University, Tiruchy	71%	I
Education	B.Ed.	TAMIL	2010	Sri Issac Newton College of Education, Thiruvarur	TNTEU, Chennai.	67%	I
PG	M.A.	TAMIL	2012	Tamil University, Thanjavur	Tamil University, Thanjavur	76%	I
M.Phil		TAMIL	2013	Alagappa University, Karaikudi	Alagappa University, Karaikudi	83%	I
Ph.D		TAMIL	2020	Periyar University, Salem	Periyar University, Salem		HIGHLY COMMAND

* Enclose copies of certificates duly attested by the faculty member and the Principal as proof.

I.a. Additional Qualification : NET

i. GATE Score (In case of B.E. / B.Tech.)

ii. NET / SLET (In case of M.C.A. / M.Sc. / M.A.)

II. Title of Ph.D. Thesis * : Marapilakkanagkalil Vinaikkotpadu

III. Faculty in which Ph.D. was awarded : TAMIL

IV. Academic Experience:

Name of the College	Designation	Joining Date	Relieving Date	Experience		
				Years	Months	Days
KSR College of Engineering, Tiruchengode.	Assistant Professor	15.06.2022	Till date	01	-	-
Total				01	-	-

V. Industrial Experience:

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
NIL	NIL	NIL	NIL	NIL	-	-	-
Total					-	-	-

VI. Other Relevant Information :

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty

(Endorsement by the Principal)